

SCHOOL FEE PAYMENT PLAN REQUEST

NAME: _____ FAMILY CODE _____ (Office Only)

DAYTIME TELEPHONE: _____ NAME(S) OF CHILDREN: _____

EMAIL: _____ YEAR LEVEL(S) OF CHILD/REN: _____

I/We authorise St Mark's Lutheran School Mt Barker Inc (User ID 184727) to debit my/our nominated account/credit card according to the details specified below. This request replaces all previous requests and will remain in place until there is no amount owing to the school, or it is cancelled by me/us.

PLEASE CHOOSE EITHER OPTION 1 OR OPTION 2. DO NOT FILL OUT BOTH OPTIONS.

OPTION 1 - DIRECT DEBIT

Name of the financial institution

Account Name

BSB Number

Account Number

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OPTION 2 - CREDIT CARD

Type of Card	<input type="checkbox"/> Visa	<input type="checkbox"/> Master Card																				
Card Number	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> </tr> </table>																					
Expiry Date	/	CCV																				
Name on Card																						

OPTION 3 – PERSONAL ELECTRONIC FUNDS TRANSFER

(NOTE: THIS IS NOT THE SCHOOL'S PREFERRED OPTION AND YOU MUST ADVISE A FREQUENCY OF PAYMENT BELOW)

- I/We will personally transfer the below nominated amount using our family code as the bank reference. I/we will ensure that payments are paid consistently during the school year and that any missed payments are made up within 1 month including any future payments. I/we acknowledge that school fees must be finalized with a nil balance by the end of each school term unless a prior agreement has been agreed to by the school in writing.

PAYMENT PLAN - Details of Deduction

Please note: the amount payable each week, fortnight or month will be calculated as per calculation method below. Payment amounts will be re-calculated at the start of each school year and adjusted automatically unless you specify differently. You will be notified of the new amount at the beginning of the school year.

Payment disruptions will be notified via the school newsletter. Payments are generally processed on a Friday but may from time to time be processed on a Thursday or the following Monday due to internet interruptions, public holidays etc. Please ensure you have sufficient funds in your account for a Thursday or Monday process date.

Method of calculation: *Total outstanding fees + total future fees for year ÷ 40 weeks/20 fortnights/10 months*

If you do not want the above formula to be used, please indicate how much you would like to pay below.

* These payments MUST meet your obligations as stated in the Debt Management Recovery Policy.

Please choose one of the following frequency of deduction or payment if by personal EFT.

- | | | |
|---|--------------------------------------|----------|
| <input type="checkbox"/> Weekly (Generally Fridays) | Amount per week: | \$ _____ |
| <input type="checkbox"/> Fortnightly (Generally Fridays) | Amount per fortnight: | \$ _____ |
| <input type="checkbox"/> Monthly (15th of each month or closest working day) | Amount per month: | \$ _____ |
| <input type="checkbox"/> Term (Friday of each term on due date printed on fee accounts) | Amount will be total on tax invoice. | |

Notes to office staff (if applicable): _____

SIGNATURE(S) _____ Date: _____